

# FAMILY FITNESS CENTER

## Kidz KAMP ACTIVITY REGISTRATION FORM

This form must be submitted to the Family Fitness Center front desk prior to the activity registration deadline which is  
**Tuesdays by the WVC Family Fitness Center close of Business.**

**Payment in full is required at time of registration.**

**PLEASE FILL OUT EVERYTHING LISTED BELOW. (One form is required for each Child)**

Campers' First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Circle: Male or Female School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/  
Legal Guardian \_\_\_\_\_ Home Phone # \_\_\_\_\_ Day Time Phone # \_\_\_\_\_

Email Address: (for sending info and reminders) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ Day Time Phone # \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

RELEASE, INDEMNIFICATION & HOLD HARMLESS: I, the undersigned, represent that I am the parent or legal guardian of the above-name child/children. I hereby recognize and acknowledge that there inherent hazards and risks connected with certain activities and programs at the West Valley Fitness Center. The undersigned, on behalf of the above-named child/children (1) Knowingly and voluntarily assumes full responsibility for such risks and hazards and, (2) agrees that I am bound by all terms and conditions of the West Valley Family Fitness Center Rules and Procedures. The undersigned is aware of the content of the programs and activities of the Center and hereby represents that the undersigned is physically, mentally and emotionally fit and capable of safely participating in such programs or activities. I agree as a condition of participation in programs or activities of the Center, to release, defend, indemnify and hold West Valley City, its officers, agents, employees and volunteers harmless from and against any and all loss, judgments, damage and expense incurred by reason of any claim or liability based upon (1) personal injury (including death) or property damage to any person arising out of the negligent or intentional action of the undersigned, or (2) personal injury (including death) or property damage to the undersigned, except to the extent that such injury or damage is directly caused by the negligent acts or omissions of West Valley City, its officers, agents, employees or volunteers.

I am the parent or legal guardian of \_\_\_\_\_, a participant in (Kidz Kamp/league/organization). I have read this policy, understand it, and agree to abide by all of its terms. In particular, I understand that my child cannot participate in any sporting event of this organization until he or she has been cleared to participate by a qualified health care provider who has completed a continuing education course in the evaluation and management of a concussion within three years of evaluating my child. I understand that I cannot waive this requirement. I understand that if a coach or other employee or affiliate of the league or organization suspects a head injury or concussion, my child will be removed from participation until he or she is cleared.

The West Valley City Family Fitness Center does not discriminate on the basis of race, color, national origin, gender, age or disability for facility access, services or programs. If you are planning to visit the facility or enroll in a program and, due to a disability, need assistance for facility access or program participation, please notify the Family Fitness Center 48 hours or more in advance and we will try to provide whatever assistance may be required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Kidz Kamp (7:00a.m.-6:00p.m.) \$105 a wk/\$95 additional kids/\$24 a day

Week of: _____	Days Attending:	<table><tr><td>M</td><td>T</td><td>W</td><td>Th</td><td>F</td></tr></table>	M	T	W	Th	F	Total\$_____
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### OFFICE USE ONLY

Total Camp Fees: \_\_\_\_\_ Late Fee: \_\_\_\_\_ Grand Total: \_\_\_\_\_

Method of Payment: (Circle one) Cash Check Visa MasterCard Discover American Express

Cashier: \_\_\_\_\_ Date: \_\_\_\_\_